



Federal Update for August 16 – Sept. 1, 2016



TRICARE Prime Update

Military Hospital/Clinic Use

According to a report in Military.com, “Shifting military family members back into military hospitals and clinics for health care is a top priority ...” for the Defense Health Agency. For many years, military family members enrolled in TRICARE Prime have been referred to civilian health care providers if they cannot receive primary health care in a military treatment facility. That began to change in 2014 when the Army and Air Force began to move nearly 30,000 TRICARE Prime beneficiaries who had been receiving care from civilian providers near their bases/posts back into the military health care system. The Air Force will now be joining in that effort. Under the Army/Navy effort, TRICARE Prime beneficiaries were either involuntarily brought back into the military system, or were “invited” back in through an advertising campaign effort. Recognizing the fact that location close to a health care provider often made the civilian provider more attractive, DoD health care has set up six areas nationally where beneficiaries can see the military health care provider closest to them, regardless of whether the provider is from their service or not. The Defense Health Agency says it is working on the issues that are of concern to families and their ultimate goal is to have families want to receive their care from a military provider. [Source: TREA | Washington Update | August 22, 2016 ++]

VA Blue Water Claims Update

Limited Benefits Will Continue

The U.S. Department of Veterans Affairs (VA) has once again turned down an effort by Navy veterans to get compensation for possible exposure to Agent Orange during the Vietnam War. In a document released 12 AUG, the VA said it would continue to limit benefits related to Agent Orange exposure to only those veterans who set foot in Vietnam, where the herbicide was sprayed, and to those who were on boats in inland rivers. The VA compensates these veterans for a litany of associated illnesses, including diabetes, various cancers, Parkinson’s Disease, peripheral neuropathy and a type of heart disease.

Advocates for some 90,000 so-called Blue Water Navy veterans who served off the coast of Vietnam have been asking the VA for more than a decade to broaden the policy to include them. They say that they were exposed to Agent Orange because their ships sucked in potentially contaminated water and distilled it for showering, drinking, laundry and cooking. Experts have said the distillation process could have actually concentrated the Agent Orange, which contained the toxic chemical dioxin and was used to kill vegetation and deny enemy cover. ProPublica and the Virginian-Pilot profiled their effort to gain coverage in SEP 2015 as part of an ongoing project to chronicle the impact of Agent Orange on vets and their families.

The U.S. Court of Appeals for Veterans Claims last April struck down VA rules that denied compensation for sailors whose ships docked at certain harbors in South Vietnam, including Da Nang. Those ports, the court determined, may have been in the Agent Orange spraying area. The court ordered the VA to review its policy. But on Friday, the VA largely stood by its old policy and once again asserted that there’s no scientific justification or legal requirement for covering veterans who served off the coast. “Environmental health experts in VA’s Veterans Health Administration have reviewed the available scientific information and concluded that it is not sufficient to support a presumption that Blue Water Navy Veterans were exposed to Agent Orange,” the VA said in a fact sheet.

U.S. Senator Richard Blumenthal, D-Conn., the ranking member of the Senate Veterans' Affairs Committee, criticized the VA's decision. "Rather than siding with veterans, VA is doubling down on an irrational and inconsistent policy," he said in a statement. "Young sailors risked their lives during the Vietnam War, unaware that decades later, they and their children and grandchildren would still feel the toxic effects of exposure. Veterans who served offshore and in the harbors of Vietnam were exposed and deserve the presumption of service connection for Agent Orange-related diseases." Blumenthal and others are seeking adoption of the Blue Water Navy Vietnam Veterans Act, which would ensure that all vets exposed to Agent Orange are compensated. The VA opposes the legislation, as it has several previous iterations dating back to 2008.

The VA's new review rejecting benefits relied on a 2011 report by the respected Institute of Medicine, as well as other published research, according to the agency's fact sheet. The Institute of Medicine report said there was no way to prove Blue Water vets were exposed to the chemicals, but it identified plausible routes that Agent Orange could have traveled out to sea and into a ship's distillation system. Although military policy at the time recommended against distilling water closer than 10 miles to shore — where the chemical concentration would have been highest — veterans said doing so was often unavoidable, and their commanding officers routinely ordered it. The VA said it is working with veterans groups to "initiate a groundbreaking study of Blue Water Navy Veterans health outcomes. We hope to have data gathered and analyses published in 2017."

Veterans called the VA's decision a betrayal. John Wells, a Louisiana lawyer who has spent more than a decade advocating for Blue Water veterans, said his group would continue challenging the VA and push for legislation that would mandate coverage for the Blue Water veterans. "It wasn't completely unexpected. We're used to being betrayed by the VA," Wells said. "We're going to fight this thing until we're done or dead." Jim Smith, who served aboard the ammunition ship Butte, has been diagnosed with prostate cancer and believes that Agent Orange exposure may have played a role. "My feeling is the VA is thumbing their nose and sending the middle finger back to the Blue Water people," he said. "It's like nobody at the VA has any kind of science background whatsoever."

Blue Water vets — so named to set the sailors apart from their Brown Water Navy counterparts, who patrolled the murky rivers of South Vietnam — were initially deemed eligible for compensation under the Agent Orange Act of 1991, only to have the VA change its interpretation a decade later. [Source: The Maritime Executive | Charles Ornstein and Terry Parris | August 17, 2016 ++]

VA GEC

Health and Fitness for Older Veterans

VA's Geriatrics and Extended Care (GEC) and Geriatric Research, Education and Clinical Centers are serious about promoting health and fitness for older Veterans. Gerofit is one example of how GEC honors Veterans' preferences for health, independence, and well-being even in the face of aging, disability, or serious illness. "Some folks came in here hardly able to walk and now they are running." September is Healthy Aging Month. There are 46 million Americans over 65 — 14 percent of the U.S. population. Gerofit is a fitness and health promotion program implemented in several VA Medical Centers across the country. Those presently participating include: Durham, N.C.; Baltimore, Md.; Bakersfield, Calif.; Canandaigua, N.Y.; Honolulu, Hawaii; Los Angeles, Calif.; Miami, Fla.; Salem, Va.; and Rochester, N.Y.

Gerofit is modeled on a long-standing successful program based in Durham, N.C. which has achieved benefits to program participants, including improved fitness, mobility, well-being, longevity, and reduced cardiovascular risk factors. It reduces the need for nursing home care by developing and delivering individually tailored, functionally-based exercise for program participants, in addition to improving physical health. It also helps Veterans develop local networks of social support, enhancing emotional and overall well-being. VA's Office of Rural Health is partnering with Geriatrics and Extended Care, helping expand the Gerofit program to Veterans in rural areas, using video-based Telehealth to reach VA community based outpatient clinics. VA encourages Veterans everywhere to become more active and stay strong. To listen to Veterans in their 80s and 90s describe their great successes in the program go to http://www.va.gov/geriatrics/gerofit/gerofit_success_stories.asp. [Source: VA News Release | August 30, 2016 ++]

VA Emergency Treatment Claims

Court Ruling Impact on 2M Claims

More than two million claims for private sector emergency healthcare services provided to VA-enrolled veterans since February 2010 could be eligible for VA reimbursement if a recent ruling by the U.S. Court of Appeals for Veterans Claims is allowed to stand, the VA general counsel has warned. The counsel also has warned in court documents that over the next decade VA could be swamped with an estimated 68.6 million additional claims for emergency care reimbursements, which could drive up VA health costs over that period by as much as \$10.6 billion. Despite these alarms, and VA introducing a new legal argument, a full panel of judges on the claims court voted six-to-one last month to deny VA's motion to rehear the case, and instead made final its ruling of last April in the case of Richard W. Staab v. Robert A. McDonald.

VA has 60 days, until 20 SEP, to appeal the decision to the U.S. Court of Appeals for the Federal Circuit, a near certainty given what's at stake. Meanwhile, VA officials say they are unable to begin to pay any of the emergency healthcare claims that the Staab decision requires until they can prepare new regulations to support the complex review process. "Even if the Staab decision is upheld," VA officials explained in a statement 17 AUG, "the statutory authority [cited by the court] does not set forth a payment methodology or payment limitations necessary for VA to implement the decision. Therefore, VA must follow legal procedures to [draft, publish for public comment and] implement regulations that would allow it to process payments for claims impacted by Staab."

In Staab, the court agreed with lawyers for an 83-year Air Force veteran that the Department of Veterans Affairs wrongly ignored "plain language" of a 2010 statute meant to protect VA-enrolled veterans from out-of-pocket costs when forced to use outside emergency care. So VA should not have turned down Staab's claim for roughly \$48,000 in healthcare costs he was forced to pay following open-heart surgery in DEC 2010. For many years VA has maintained that, by law, it can reimburse VA-enrolled veterans for outside emergency care only if they have no alternative health insurance. That includes Medicare, TRICARE, employer-provided health insurance or contracted health plans of any kind. The practical effect is that veterans with other health insurance often are stuck paying hefty out-of-pocket costs that their plans won't cover, while veterans with no other insurance see VA routinely pick up their entire emergency care tab.

The logic of this offended some lawmakers and in 2009 they persuaded Congress to clarify the law on VA coverage of outside emergency care. A single provision was changed to say VA could "reimburse veterans for treatment in a non-VA facility if they have a third-party insurance that would pay a portion of the emergency care." To ensure colleagues understood the change, Staab's attorneys noted, Sen. Daniel Akaka, then-chairman of the Senate Veterans Affairs Committee, said in a floor speech that it would "modify current law so that a veteran who has outside insurance would be eligible for reimbursement in the event that the outside insurance does not cover the full amount of the emergency care."

The change took effect Feb. 1, 2010. But in preparing new regulations, VA officials interpreted the revised law as still preserving its way of screening most emergency care claims. The revised regulation said VA would continue to cover outside emergency care only if the "veteran has no coverage under a health-plan contract." That was wrong, a three-judge panel on the appellate claims court ruled last April, citing the "plain language" of the revised statute. It deemed the revised regulation as invalid and vacated a Board of Veterans' Appeals decision that had upheld VA denial of Staab's claim. The board, it said, had relied on a faulty rule rather than the revised statute.

VA's general counsel immediately asked the three-judge panel to reconsider its decision but also asked the full appellate court to review the case. Reconsideration was denied in late June. On 14JUL, while a decision on full court review was pending, VA filed a motion to "stay the precedential effect" of Staab, that is, to not require payment of previously denied emergency claims given the "strong likelihood" the decision will be reversed. In the same motion, VA argued that the claims court erred by not focusing on language in the statute Congress didn't change in 2010, which VA believes still bars reimbursement if the veteran has a separate health-plan contract. Instead, the claims court based its decision on changes to another section of the statute. VA argues the intent of that change was only to address situations where veterans benefit from third party insurance coverage, not their own alternative health plans.

VA appears to be saying that the 2010 law was intended to allow VA only to cover emergency costs not fully covered, for example, by the insurance of a driver at fault in an accident that injured a veteran. But to be eligible, the veteran still can't have other health insurance. This was not an argument VA previously had made, said Bart Stichman, one of Staab's attorneys. VA declined interview requests about the case and gave only limited written responses to questions, noting Staab is active litigation that could be overturned. But documents filed since we first reported on this decision last April show VA wants judges to know the magnitude of the burden on VA if the decision is allowed to stand.

From April through 6 JUL, VA has had to suspend consideration of almost 85,000 claims for emergency care that it previously would have denied. They can't be adjudicated "until VA has promulgated payment regulations necessitated by the Court's decision and established the technological or other means to confirm the amounts paid by the veterans' health-plan contracts," VA lawyers explained in their filing. VA estimates that, looking back six years, more than two million claims could be impacted by Staab, and 68 million more claims could be eligible for reimbursement over the next 10 years. Numbers are so large, VA reported, because emergency room visits generate multiple claims, given the acuity of care required. The averages are four claims per outpatient emergency room visit and eight per emergency hospital admission.

The administrative costs alone of handling these claims, which would require more employees, new technology and other support needs, would be \$182 million over the next 10 years, raising total VA costs to \$10.8 billion. Within a week of receiving these estimates, six of seven judges on the claims court still signaled it was VA that erred in interpreting the 2010 law. [Source: The Military Advantage Blog | Tom Philpott | August 11, 2016 ++]

VA Flu Shots Update

VA Retail Immunization Program 2016

From now through March 31, 2017, all veterans enrolled in the VA health care system can receive free flu shots at any Walgreens or Duane Reade pharmacy. The joint outreach health initiative is designed to help serve veterans closer to where they reside. Veterans must bring their VA identification cards with them, as well as another photo ID, and complete a short four-question application, which will be used to automatically update their VA Electronic Health Records. No appointments are necessary. [Source: VFW Action corps Weekly | August 26, 2016 ++]

VA Spinal Cord Research

Bone Loss and Fracture Risk Issues

Breaking a bone is a common problem for patients with spinal cord injuries and research at the Charlie Norwood VA Medical Center is hoping to help clinicians identify those at most risk and help prevent it. Research at the Augusta Veterans Affairs hospital and others across the country is an often overlooked aspect of the VA's mission, an official said. With a specialized and much-recognized Spinal Cord Injury unit and access to a database of spinal cord injury patients at VAs across the country, the VA researchers are well-positioned to study those patients. The Augusta Spinal Cord Injury unit itself has about 1,500 patients with various degrees of injury that it follows, said Dr. Michael Priebe, the acting chief of spinal cord injury.

"It's a sizable population," he said. "That's one of the advantages of doing research in a center like this is we can go through our registry and identify those people who would be the best targets for intervention and study." For instance, spinal cord injury patients tend to suffer from bone loss and many are at increased risk of fractures, Priebe said. "It's a huge problem because people with spinal cord injury, they can break their leg just while they are trying to put their shoe on," he said. "These things are very important."

Dr. Laura Carbone at the Augusta VA recently received a grant from the Department of Defense to look at who might be at increased risk for these fractures, and what might be the best way to screen patients for risk factors such as bone loss. Carbone is studying whether bone density tests would be useful and whether the traditional site for such scans, which includes the hip, is relevant for patients who most often suffer lower leg injuries. She has already shown that a previous fracture puts these patients at higher risk for future fractures and has looked at the characteristics of those patients.

“Now what we’re trying to understand is, how can we directly translate this to patient care?” she said. “Are the drugs that we use for osteoporosis in the general population, do they work in a spinal cord injured population?”

Spinal cord injury patients lose bone rapidly after the injury and then continue to lose bone over time, Priebe said. Part of that is losing the benefits of weight-bearing movement for many of these patients but there might also be other changes because of the loss of nerves and nerve activity, he said. There is a difference in bone loss according to the degree of spinal injury, Carbone said, “Patients who have a ‘complete’ spinal cord injury have a much higher degree of bone loss and a much greater risk of fracture,” she said. Research at the Augusta VA might not rival that at nearby Augusta University, but it is actually part of the VA’s mission and is made possible by the patients who come there, said Dr. Thomas Hartney, associate chief of staff for research. “Patient care of the veterans is why they are here,” he said. “But they are an altruistic category of individuals who want to serve and so, when approached about a research protocol, are willing to give their time and extra efforts to be a participant in that.” [Source: The Augusta Chronicle | Tom Corwin | August 22, 2016 ++]

VA Ghost Panels

Reported in Iowa, South Dakota & Minnesota

More than 1,200 veterans receiving care at the Iowa City Veterans Affairs Hospital were assigned to “ghost panels” — primary care doctors who was not actively providing care — in early 2016, a new report by the watchdog arm of the U.S. Department of Veterans Affairs found. (The report is available for review at <https://assets.documentcloud.org/documents/3011874/Review-of-Primary-Care-Ghost-Panels.pdf>. And while the Iowa City VA has taken efforts to ensure ongoing patient care, the Inspector General’s office in Washington, D.C., reminded the hospitals in the report released 11 AUG that it is required that patients be reassigned to other primary care teams when physicians leave.

The Iowa City hospital — along with the Black Hills, S.D., facility — was one of two in the Midwestern VA health network listed in the report as using so-called ghost panels. Those 1,245 patients at the Iowa City VA listed as having been in ghost panels represented nearly 3 percent of the system’s active primary care patients. “The use of ghost panels at any Veterans Administration facility to misrepresent the true panel size is disconcerting,” U.S. Rep. Dave Loebsack, D-Iowa City, said in a statement. “The fact that the VA has created an environment where the use of ghost panels appears to be in use across the nation is unacceptable. ... VA leadership must be held accountable for their actions.”

Ghost panels gained national attention over the past several years as VA hospitals were widely reported to have tried to game the system to make patient loads and wait lists appear smaller. The recent inspection was done after U.S. Rep. Timothy Walz (D-MN) heard from multiple providers about ongoing issues at the St. Cloud, Minn., VA hospital. Walz requested the Inspector General’s office review the use of ghost panels at all VA hospitals in the Upper Midwest Veterans Integrated Service Network, which includes Iowa, Minnesota, Nebraska, South Dakota and North Dakota as well as parts of Illinois, Kansas, Missouri, Wisconsin and Wyoming. The region serves about 300,000 veterans.

The review was conducted between Dec. 29, 2015, through Feb. 11, 2016. In total, only about 2,300 of the 287,095 active primary care patients, or .8 percent, were assigned to ghost panels. The Inspector General’s report concluded the use of ghost panels was not “pervasive,” but noted the existence of them is inconsistent with Veterans Health Administration policy. The report continued that the Inspector General’s office did not identify “a negative impact on patients since the facilities had enacted efforts to ensure ongoing patient care.”

Iowa City staff told the Inspector General’s office that the panels were from two primary care physicians who accepted positions at other VA facilities — one in August 2015 and the other in November 2015. Recruitment efforts to fill these vacancies were not expected to have exceeded six months, the report said. “Staff told us that they employed several different strategies to meet ongoing patient care needs for patients assigned to those (primary care) panels,” the report said. “Efforts included reassigning acutely ill patients to other (primary care physicians) with panel capacity, assigning surrogate providers to receive and manage electronic health record alerts on a weekly basis, and using a pool of providers to see patients assigned to these panels.”

The Iowa City VA confirmed that explanation in a statement to The Gazette, saying the Health Care System experienced a staffing change last fall that left two Patient Aligned Care Teams (PACT) temporarily without assigned providers. "Those two patient panels remained with the PACT during the vacancy period in an effort to create a seamless customer experience for the veterans being served," Jonathan Pruett, a hospital spokesman, said in an email. "By doing this, veterans on each panel could continue their relationship with the nurse care manager, clinical associate and administrative clerk they were accustomed to — and only a temporary change in provider would be experienced." [Source: Gazette | Chelsea Keenan | August 12, 2016 ++]

PTSD Update

EMDR Legitimacy is Getting VA Recognition

A local veterans advocacy group celebrated a big victory over the weekend: The recent announcement by the Department of Veterans Affairs that it will encourage the use of a therapy called EMDR for veterans suffering from trauma. The Veteran Resilience Project, the brainchild of Minnesota EMDR therapist Elaine Wynne, has been at the forefront of pushing for recognition of the therapy. EMDR (Eye Movement Desensitization and Reprocessing) is a therapy designed to help the brain unlock traumatic memories and reprocess them into more positive thoughts. During a session, the client is asked to focus on a memory while stimulation is used such as eye movements, tapping or sounds. After each association is processed, the "bilateral" stimulation continues until the original issue is no longer disturbing.

While the VA has acknowledged the treatment is effective, it was not one of the department's top choices for addressing post-traumatic stress disorder (PTSD). The VA had no objection to the therapy, but it seldom would refer patients for treatment because the VA had the resources — and covered the expenses — for other therapies. Advocates said the VA's lackluster response to EMDR discouraged funders and has cost them clients and resources. Wynne tried for six years to start an EMDR project focusing on veterans, but found the VA and the Defense Department resistant because of concerns that the treatment was not evidence-based. Undaunted, she won a grant from a national EMDR program and set off on her own in 2013 to conduct a 20-month pilot project. Using 25 therapists to serve 30 veterans, she documented that 74 percent of the respondents after treatment no longer showed signs of PTSD and that 100 percent had significantly reduced symptoms.

In 2015, Wynne took \$10,000 she had left from the project and put it toward the newly formed nonprofit, with most of the money going to reimburse therapists for their work. Paul Riedner, an Iraq veteran with a penchant for social media and marketing, was brought in as executive director. Since then Riedner, a former Army diver, has been directing outreach with podcasts and seeking funding through crowdsourcing and grant writing. The Star Tribune wrote a story about the group's efforts in May. Word got back to officials at the VA, and things started rolling in a way seldom seen in a bureaucracy used to glacial movement. Now VA clinicians interested in being trained will be encouraged to take EMDR training when it is available. And the VA says it wants to make sure veterans have access to EMDR when it is their preferred choice or when the treatment team believes it to be their best option.

Most VA facilities have at least one clinician who has EMDR training. But if there aren't enough clinicians, the VA said it will be directing facilities to pay for EMDR treatment in the community. Riedner, wearing shorts, combat boots, and a baseball hat emblazoned with the flag, addressed several hundred EMDR practitioners 27 AUG at a convention in Minneapolis. "To be honest, I wrote off the VA," he told the crowd. "I was committed to inspiring the community to do it ourselves, since that's what EMDR taught me, that we have everything we need already to heal. "But people are waking up. It's working. People are responding. They are starving for a legitimate solution, not just awareness. People love to be on the winning side. Let's give them something to get behind." He got a standing ovation. [Source: Minnesota Star Tribune | Mark Brunswick | August 29, 2016 ++]

Women Veterans Call Center

New Chat Function Implemented

Calling All Women Who Served in the United States Military! Do you know your Veteran status? Do you have a Veteran ID card? Should you receive any benefits from VA, like the GI Bill? Do you know what health care benefits you have earned? If you do not know the answer to even one of these questions, the Department of Veterans Affairs (VA) has

established the Women Veterans Call Center (WVCC) just for you. The WVCC staff is trained to provide women Veterans, their families, and caregivers about VA services and resources. They are ready to respond to your concerns. The call is free, and you can call as often as you like until you have the answers to your questions. The Call Center is available M-F 08-2000 EST, and on Saturdays from 08-1830 EST..

The WVCC is expanding its outreach to women Veterans with a new online, one-to-one Chat Function. The new service enables women Veterans to go online and anonymously chat via real-time text messaging with a trained WVCC representative. The new feature provides women Veterans with another avenue to ask general questions about benefits, eligibility and services specifically for women Veterans. WVCC chat is available by visiting the Women Veterans Health Care webpage at www.womenshealth.va.gov and clicking the "Chat with the Women Veterans Call Center" icon. As the Chat Function is anonymous; please do not use personally identifiable information such as social security numbers.

All the representatives at the Women Veterans Call Center are women, and many are Veterans themselves. In addition to linking women Veterans to information, the Women Veterans Call Center makes direct referrals to Women Veteran Program Managers (WVPM) located at every VA medical center. The Women Veteran Program Manager helps the woman Veteran coordinate services. When you call the WVCC:

- You will be connected to a trained VA woman staff member.
- Call center staff will conduct a brief screening to assess your needs.
- Women Veterans will be provided personalized information regarding health care services, VA benefits and services, and a package of information will be sent to their home.
- You can call for yourself or for a women Veteran you know.
- The call is free and confidential.
- Contact information will be requested so staff may follow-up.

Any women veteran can use the WVCC, even if they are not registered with the VA or enrolled in VA health care and/or receiving care. You do not need to have wartime or combat experience to be considered a Veteran. Women Veterans should enroll for health care benefits to ensure they receive the comprehensive benefits package offered through VA's national health care system. A review of the 33,000 calls received to date found the most common reasons people call in to the Call Center are to learn about benefits and eligibility and to discuss issues they face like homelessness, maternity care, Military Sexual Trauma, and environmental exposures. At times, there are issues that the Call Center cannot immediately resolve. In those cases, they research the best course of action/ locate the appropriate resources, and call the Veteran back to help her address her issues and concerns.

VA offers comprehensive medical care, including any necessary medical outpatient and inpatient services. The VA provides a full continuum of health care, including comprehensive primary care (care for acute and chronic illness and gender-specific care), specialty care, mental health care, disease prevention and screening, emergency care, and women's health specialty care (e.g., advanced breast and gynecological care, maternity care, and some infertility treatments). In addition, VA offers services such as inpatient medical/surgical/mental health care, physical rehabilitation, substance abuse treatment, long-term care, and pharmacy benefits. For more information on VA services provided to women Veterans, call 1-855-VA-WOMEN (1-855-829-6636).

If you are in crises call the Veterans Crisis Line. This is a Department of Veterans Affairs (VA) resource that connects Veterans and Service members in crisis and their families and friends with information and qualified, caring VA responders through a confidential, toll-free hotline, online chat, and text messaging service. Veterans and their families and friends can call 1-800-273-8255 and Press 1, chat online at www.VeteransCrisisLine.net , or send a text message to 838255 to receive support from specially trained professionals, 24 hours a day, 7 days a week, 365 days a year. [Source: VFW Action Corps Weekly | August 19, 2016 ++]

VA EUL Program

Provides Homeless Vets A New Lease on Life

Veterans are being touched by the Enhanced-Use-Lease EUL program, a “portfolio management tool” that VA deploys to revitalize underused VA properties—and change the lives of thousands of formerly homeless Veterans. It is operated by the Office of Asset Enterprise Management. The EUL program enables VA to solve two issues: affordable, permanent housing for homeless Veterans and their families and the surplus of idle or underused VA property in communities across the United States. The EUL program allows VA to lease its property to the private sector for approved supportive housing and related projects for Veterans who do not have safe, stable housing.

EUL projects must provide Veterans with a well-rounded and integrated experience, and so in addition to supportive housing, VA’s EUL partners often offer Veterans services such as job training, financial management, haircuts, computer and laundry facilities, fitness centers and more. Veterans and their families are prioritized for EUL developments, which are also convenient to VA health care facilities. So far, through the EUL program over 2,200 units of housing for homeless Veterans, Veterans at-risk of homeless, and their families have been constructed nationwide and an additional 500 units are under construction to serve Veterans and their families within the next one to two years. Moreover, we continue working to develop more than 1,500 additional units that in the future will serve Veterans and their families. In addition to the services and amenities available through EUL housing, Veterans benefit from regular opportunities to interact with each other. For more information check out:

- EUL Program <http://www.va.gov/ASSETMANAGEMENT/index.asp>.
- VA’s Office of Asset Enterprise Management <http://www.va.gov/oaem/index.asp>.
- <https://www.youtube.com/watch?v=j-lyHQqtC1E;%20http://www.va.gov/ASSETMANAGEMENT> EUL Program Video.
- VA's homeless programs <http://www.va.gov/homeless>.
- Encourage Veterans who are homeless or at imminent risk of becoming homeless to call or visit their local VA Medical Center (<http://www.va.gov/directory/guide/home.asp?isflash=1>) where VA staff are ready to assist, or ask them to call **1-877-4AID-VET** (1-877-424-3838). [Source: VAntage Point Blog | July 29, 2016 ++]

VA Million Veteran Program Update

500,000+ Now enrolled

With more than 500,000 Veteran Partners enrolled, MVP is now the largest genomic database in the world, placing VA Healthcare at the forefront of the Precision Medicine revolution. Sponsored by VHA’s Office of Research & Development, the program links genetic, clinical, lifestyle, and military-exposure information and will help researchers learn about the role genes play in a variety of diseases relevant to Veterans and the population at large, leading to better treatment and prevention strategies. Early studies are focusing on PTSD, schizophrenia and bipolar disorder, Gulf War Illness, cardiovascular disease, diabetes, chronic kidney disease, multi-substance use and age-related macular degeneration. For more information, visit www.research.va.gov/mvp. [Source: DVA Office of Research & Development | August 3, 2016 ++]

VAMC Tomah WI Update

Wrongful Death Lawsuit

The family of a former Marine who died at the Tomah Veterans Affairs Medical Center in 2014 from a mixture of drugs that included opioids filed a wrongful death lawsuit Monday against the federal government, writing that despite accepting responsibility for his death, the VA has done nothing to act on a claim filed by the family nearly a year ago. Jason Simcakoski, 35, died on Aug. 30, 2014, at the Short Stay Mental Health Recovery Unit in the Tomah VA’s Community Living Center, where he was getting treatment for mental health-related problems, according to the lawsuit, filed by his wife, Heather Simcakoski, in U.S. District Court in Madison.

Simcakoski's death led to the firing of the Tomah VA's chief of staff, Dr. David Houlihan. The medical center's director also was reassigned to another job away from Tomah. According to the lawsuit, VA representatives repeatedly told Simcakoski's family that the VA intended to take full responsibility for his death. The lawsuit quotes the acting director of the Tomah VA telling reporters a year ago, "We accept responsibility for any action or inaction that contributed to this man's death." "The VA has failed to follow its words with deeds," according to the lawsuit, which seeks unspecified compensation for alleged negligence by the VA, along with other costs. The Tomah VA has come under fire after an Inspector General's report, not released until after Simcakoski's death, found that opioid painkillers were being overprescribed by doctors at the medical facility, which some called "Candy Land."

Simcakoski, of Stevens Point, who was honorably discharged from the Marines in 2002, was a patient at VA facilities from 2006 to 2014 for a variety of conditions. He was admitted on Aug. 10, 2014, to the Tomah VA Acute Psychiatric Unit, then transferred four days later to the Short Stay Mental Health Recovery Unit. On Aug. 28, 2014, according to the lawsuit, Simcakoski met with Dr. Rhonda Davis, who after consulting with Houlihan, recommended starting Simcakoski on Suboxone, which is a combination of two drugs, one of which is an opioid, to relieve his chronic pain and potentially decrease his level of anxiety. It was an off-label use for the drug combination, which is approved to treat people with opioid addiction.

According to the lawsuit, the dispensing pharmacist should have warned Davis and Houlihan that Suboxone would interact with other drugs Simcakoski was already taking. When Simcakoski's family visited the morning of Aug. 30, 2014, his father, Marv Simcakoski, was concerned because his son was so sedated he could barely speak, but was told that he would be fine in a few hours. Early that afternoon, Simcakoski was seen asleep and snoring, and had not gotten up for lunch or taken his noon medications. About 1½ hours later, a nursing staff member found him unresponsive. CPR wasn't started for another 10 minutes and was unsuccessful. Simcakoski was pronounced dead. The Monroe County Medical Examiner's Office said Simcakoski died from mixed drug toxicity.

A later review by the VA Office of Inspector General found that the respiratory depressant effects of the drugs that make up Suboxone, together with diazepam, was the plausible cause of his death. The review also found that both doctors who prescribed Suboxone failed to talk with Simcakoski about the risks of the treatment. The Inspector General's report also noted delays in the initiation of CPR and the lack of medication at the Tomah VA to reverse drug overdoses. The lawsuit alleges that the VA failed to diagnose and treat Simcakoski's bipolar disorder and depression, and failed to competently diagnose and treat his substance abuse problem. It also alleges that the VA allowed Simcakoski to influence the choice and level of drugs he received, even to take an entire month's supply in a week or two. "The VA, at times, would even send opioids and other drugs to Jason's home through the mail, allowing him to have access to large amounts of opioids even though he had a known opioid abuse problem," the lawsuit states. [Source: Wisconsin State Journal | Ed Treleven | August 29, 2016 ++]

GI Bill Update

6,842 Vets Will be Impacted if ITT Fails

The Veterans Affairs Department is warning thousands of U.S. military veterans enrolled at ITT Tech to brace for the possibility the for-profit college franchise "goes out of business," according to a recent notice. The parent company, ITT Educational Services Inc., based in Carmel, Indiana, on Monday suspended all new enrollments after the U.S. Education Department barred the college, which has about 130 campuses in 38 states, from accepting students who use federal financial aid. States such as California and Washington have followed suit.

While the moves don't affect veterans' GI Bill benefits, "these actions do raise significant concerns about the financial viability of ITT," the VA wrote in a recent message on its Facebook page. "It's important that you understand that if ITT goes out of business before you complete your education, you will not be able to use your GI Bill benefits to keep attending that school and under this scenario, you would no longer be able to pursue your education at that school." The message continues, "As you know, finding another school where you can complete your educational objectives may take time as not every school offers the same programs as ITT. Also, it is not guaranteed that another school offering the program you are pursuing will accept transfer credits from ITT."

State and federal officials have been investigating ITT's recruiting and accounting practices. The federal government in 2014 launched its investigation into the company after allegations surfaced that school employees persuaded students to take out high-interest private loans, often with high risk of default and high rates of interest, when their federal loans failed to cover all of their costs. ITT has long catered to military veterans, a demographic that makes up close to a fifth of its enrollment, which is falling fast, according to corporate financial documents. Overall enrollment at the school was 40,015 students as of June -- a decrease of 16.4 percent from the same period a year ago, according to the company's quarterly filings. A total of 6,842 GI Bill recipients either attend ITT Tech or plan to do so during an upcoming term, according to an email on Tuesday from Terry Jemison, a spokesperson for the VA's Veterans Benefits Administration, which oversees the educational program.

Revenue at the parent company totaled almost \$850 million in 2015, down 11 percent from \$962 million the previous year, according to financial documents. The company is now a penny stock, trading at 40 cents a share on 30 AUG on the New York Stock Exchange, down from a high of \$127 a share in 2007. Just a few years ago, in October 2013, it traded as high as \$40 a share. "ITT is effectively out of business," Peter Appert, managing director and senior research analyst at Piper Jaffray & Co., who follows ITT, told CNN. "I don't see any way they survive this." If it does file for bankruptcy, ITT wouldn't be the first. Corinthian Colleges, a for-profit chain, last year shut down its 28 locations and more recently was ordered to pay a nearly \$1.2 billion fine for false advertising and misleading lending practices. [Source: Military.com | Brendan McGarry | August 30, 2016 ++]

College Credits for Military Service

How to Obtain

Just because you are not technically in academia when you are in the service doesn't mean you aren't learning enough to earn college credit. The G.I. Bill is one thing, but let's face it: you have skills. It seems unfair for you not to get college credit in, say, engineering for your practical study if you act as an engineer for your military occupational specialty (MOS). Yet many schools simply don't acknowledge equivalent credit from what may be hands-on work in higher stress situations than any other kind of freshman has ever faced. So how can you position yourself to find the credits you deserve? Here's what you can do to receive credit where it's due.

Start with your transcript - As you probably know, the Joint Services Transcript (JST) provides a detailed assessment of your professional military education, training and occupation experiences and puts them on an official document. The American Council on Education gives instruction on how to apply for and receive a JST and is a wonderful resource for those looking to align their military experience and convert that into college credits. More than 2,300 colleges and universities take the JST document and use it to apply toward credits. To augment your JST, make sure you use your Prior Learning Assessment (PLA) properly. This includes any college credits or AP exams. Also be certain that you retain any documentation that might assist in your credit development, including commendations, sample work, training certificates, recommendations and evaluations. Schools will take all this into account when assessing how your JST will translate into credits.

Take the tests - There are several kinds of exams offered that allow Veterans to test out of college level courses using the knowledge built up during time in the service. The College-Level Examination Program (CLEP) includes 33 standardized tests in many subjects, and many Veterans and their families can take these tests for free. The DSST exam process is another way that Veterans can earn college credit. Exams are available for everything from Astronomy to American History. However, before you apply to take these exams, make sure institutions that interest you will take the credits these tests claim to earn for you.

Portfolio analysis - Some institutions will allow Veterans to submit documentation including their JST, as well as written narratives and other supporting material. Corresponding faculty members will assess the portfolio and make a judgment on what this experience may correspond to in credits.

Do Your Research - There are many institutions that say they offer credit to incoming Veterans but do not assign those credits to associated skill sets. For example, if you had an engineering MOS, you might get some college credit, but it

wouldn't be for engineering, just for general studies—which won't help you toward your major and would mean you might still be stuck taking remedial classes, even though you should have passed out of them. Make sure your credits will be taken for what they are worth.

More resources:

- Defense Activity for Non-Traditional Education Support (DANTES) helps Servicemembers with counseling and exam preparation (<http://www.dantes.doded.mil/#sthash.dn9o2TIQ.X9kxoWRn.dpbs>).
- Service Members Opportunity Colleges (<http://soc.aascu.org/socgen/MissionHistory.html>) serves to help create academic opportunities for Servicemembers and is tied directly to the American Association of State Colleges and Universities <http://soc.aascu.org>.

There is truly no shortage of resources to help servicemen and women take advantage of their time and education in the military and translate that to college credit. Increasingly, non-traditional students are being courted by universities, and many schools particularly embrace Veterans because their leadership training is so desirable. The very best way to make sure you are getting all the credit you deserve is to rely on your training and take the initiative. Check in on your credits, talk to your advisors, do your research and be persistent. You'll find that you can take years off of your college education, enter the workforce earlier and save a great deal of money in the process. [Source: GovExec.com | Kellie Lunney | August 4, 2016 ++]

Vet Suicide Update

Facts And Data

September is Suicide Prevention Month. The Department of Veterans Affairs has provided the following information on the sensitive issue of suicide. VA encourages those writing about this important issue to visit www.ReportingOnSuicide.Org for guidance on ways to communicate suicide from the independent National Action Alliance on Suicide Reporting.

VETERAN SUICIDE FACTS AND DATA

Suicide is an issue that affects all Americans. Recent Centers for Disease Control and Prevention data reported in April 2016 show that from 1999 through 2014 (the most recent year with data available from CDC), suicide rates increased 24 percent in the general population for both males and females. The American Foundation for Suicide Prevention reports on average that there are 117 suicides per day, making suicide a nationwide public health issue.

Previously, it was reported that 22 Veterans die by suicide per day. A new VA study released 3 AUG representing the most comprehensive analysis of Veteran suicide rates in the United States, examining more than 55 million Veterans' records from 1979 to 2014 from every state in the nation, shows an average of 20 Veterans a day died from suicide.

The effort advances VA's knowledge from the previous report in 2012, which was primarily limited to information on Veterans who used Veterans Health Administration health services or from mortality records obtained directly from 20 states and approximately 3 million records. The complete report may be found at

<http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>.

- Approximately 65 percent of all Veterans who died from suicide in 2014 were 50 years of age or older.
- Veterans accounted for 18 percent of all deaths from suicide among U.S. adults. This is a decrease from 22 percent in 2010.
- Since 2001, U.S. adult civilian suicides increased 23 percent, while Veteran suicides increased 32 percent in the same time period. After controlling for age and gender, this makes the risk of suicide 21 percent greater for Veterans.
- Since 2001, the rate of suicide among U.S. Veterans who use VA services increased by 8.8 percent, while the rate of suicide among Veterans who do not use VA services increased by 38.6 percent.
- In the same time period, the rate of suicide among male Veterans who use VA services increased 11 percent, while the rate of suicide increased 35 percent among male Veterans who do not use VA services.
- In the same time period, the rate of suicide among female Veterans who use VA services increased 4.6 percent while the rate of suicide increased 98 percent among female Veterans who do not use VA services.

SUICIDE PREVENTION MEASURES BY VA: VA is aggressively undertaking a number of new measures to prevent suicide, including:

- VA has implemented comprehensive, broad-ranging suicide prevention initiatives, including a toll-free Veterans Crisis Line, placement of Suicide Prevention Coordinators at all VA Medical Centers and large outpatient facilities and improvements in case management and tracking. In addition, VA recently announced the creation of a satellite Veterans Crisis Line site in Atlanta, Georgia, for increased staffing capability and geographic redundancy; the satellite site is expected to be operational in October 2016 with 200 additional responders.
- Ensuring same-day access for Veterans with urgent mental health needs at over 1,000 points of care by the end of calendar year 2016. In fiscal year 2015, more than 1.6 million Veterans received mental health treatment from VA, including at over 150 medical centers, 820 community-based outpatient clinics and 300 Vet Centers that provide readjustment counseling. Veterans also enter VA health care through the Veterans Crisis Line, VA staff on college and university campuses, or other outreach points.
- Using predictive modeling to determine which Veterans may be at highest risk of suicide, so providers can intervene early. Veterans in the top 0.1% of risk, who have a 43-fold increased risk of death from suicide within a month, can be identified before clinical signs of suicide are evident in order to save lives before a crisis occurs.
- Expanding telemental health care by establishing four new regional telemental health hubs across the VA healthcare system.
- Hiring over 60 new crisis intervention responders for the Veterans Crisis Line. Each responder receives intensive training on a wide variety of topics in crisis intervention, substance use disorders, screening, brief intervention, and referral to treatment.
- Building new collaborations between Veteran programs in VA and those working in community settings, such as Give an Hour, Psych Armor Institute, University of Michigan's Peer Advisors for Veterans Education Program (PAVE), and the Cohen Veterans Network.
- Creating stronger inter-agency (e.g. Substance Abuse and Mental Health Services Administration, Department of Defense, National Institutes of Health) and new public-private partnerships (e.g., Johnson & Johnson Healthcare System, Bristol Myers Squibb Foundation, Walgreen's, and many more) focused on preventing suicide among Veterans.

Suicide is a public issue that affects all Americans. Recent Centers for Disease Control and Prevention (CDC) data reported in April 2016 that from 1999 through 2014 (the most recent year with data available from CDC), suicide rates increased 24 percent in the general population for both males and females. A link to the report may be found at: <http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>. Other VA mental health information can be found on the VA Mental Health page at: www.mentalhealth.va.gov. Information about the Crisis Line is available at www.VeteransCrisisLine.net; Veterans in crisis can call Crisis Line at 1-800-273-8255 or texting 838255. At www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf can be found the Suicide prevention fact sheet. [Source: VA News Release | August 2, 2016 ++]

Vet Cemetery Flags Update

Confederate Large-Scale Display Ban

The Department of Veterans Affairs has decided to ban the large-scale display of the Confederate flag in cemeteries overseen by the agency, following a House vote to do so earlier this year. In a letter to Rep. Jared Huffman (D-CA) this month, the VA said it will no longer allow the Confederate flag to fly on any flagpole in national cemeteries. However, groups will still be permitted to adorn individual graves with small Confederate flags on two days of the year: Memorial Day and Confederate Memorial Day.

The VA said that after a yearlong review of its policies surrounding the flag's display in its cemeteries, it would change them in accordance with an amendment authored by Huffman that the House adopted in May. "We are aware of the concerns of those who wish to see Confederate flags removed from public venues because they are perceived by many as a symbol of racial intolerance. We are also aware that the national cemeteries originated during the Civil War and that they are the final resting places of those who served on both sides of that conflict and, as such, flags of the

Confederacy are also viewed by some merely as historical symbols,” the VA's interim undersecretary for memorial affairs, Ronald Walters, wrote in a letter to Huffman.

While Huffman’s amendment to a VA spending bill passed on a bipartisan vote, a majority of House Republicans voted against the measure. A total of 84 Republicans voted with all but one Democrat in favor of Huffman's proposal, while 158 opposed it. The provision was ultimately left out of the final bicameral compromise VA appropriations legislation. Its exclusion from the final bill led Huffman and other House Democrats to urge the VA to change the policy regarding Confederate flag displays on its own in the absence of policy enacted by Congress. “While racist individuals and groups continue to embrace the Confederate battle flag, it has never been more clear that this anachronistic symbol of hatred, slavery, and insurrection should not be promoted or gratuitously displayed on federal property,” Huffman said in a statement 23 AUG. “That's why I am so grateful that the Department of Veterans Affairs responded to our letter and to public concerns and decided to prohibit the large-scale display of Confederate flags on our national veterans cemeteries.”

Debate flared over displaying the Confederate flag in the immediate aftermath of the racially motivated shooting at a historic black church in Charleston, S.C., last year. The National Park Service and multiple businesses subsequently announced they would stop selling items emblazoned with the Confederate flag as the nation reeled from the massacre. [Source: The Hill | Cristina Marcos | August 23, 2016 ++]

Vet Service Dogs Update

VA | Mental Health Disorder Eligibility

The Department of Veterans Affairs (VA) announced 18 AUG that it is piloting a protocol to implement veterinary health benefits for mobility service dogs approved for Veterans with a chronic impairment that substantially limits mobility associated with mental health disorders. “We take our responsibility for the care and safety of Veterans very seriously,” said VA Under Secretary for Health, Dr. David J. Shulkin. The Department of Veterans Affairs (VA) is committed to providing appropriate, safe and effective, compassionate care to all Veterans. Implementing the veterinary health benefit for mobility service dogs approved for Veterans with a chronic impairment that substantially limits mobility associated with mental health disorders may prove to be significantly beneficial for some Veterans. The Service Dog Benefits Pilot will evaluate this premise.”

VA has been providing veterinary benefits to Veterans diagnosed as having visual, hearing or substantial mobility impairments and whose rehabilitation and restorative care is clinically determined to be optimized through the assistance of a guide dog or service dog. With this pilot, this benefit is being provided to Veterans with a chronic impairment that substantially limits mobility associated with a mental health disorder for whom the service dog has been identified as the optimal way for the Veteran to manage the mobility impairment and live independently. Service dogs are distinguished from pets and comfort animals because they are specially trained to perform tasks or work for a specific individual with a disability who cannot perform the task or accomplish the work independently. To be eligible for the veterinary health benefit, the service dog must be trained by an organization accredited by Assistance Dogs International in accordance with VA regulations.

Currently, 652 Veterans with approved guide or service dogs receive the veterinary service benefit. This Pilot is anticipated to provide the veterinary service benefit to up to 100 additional Veterans with a chronic impairment that substantially limits mobility associated with a mental health disorder. The VA veterinary service benefit includes comprehensive wellness and sick care (annual visits for preventive care, maintenance care, immunizations, dental cleanings, screenings, etc.), urgent/emergent care, prescription medications, and care for illnesses or disorders when treatment enables the dog to perform its duties in service to the Veteran. Additional information about VA’s service dog program can be found at <http://www.prosthetics.va.gov/ServiceAndGuideDogs.asp>. [Source: VA News Release | August 18, 2016 ++]

Vet Charity Watch Update

Report on VSO Operations

The spirit of charity was in front of Publix on 26 AUG in Sebring FL. Before they went into the grocery store or after they left, customer after customer pitched a dollar or two in a gallon bucket marked, "Please Help." At 3:30 p.m., the bucket was 75 percent full. One lady spoke to the young man in a tan khaki T-shirt and green khaki pants behind the table before pulling all the coins from her blouse pocket. Muscular, with a high-and-tight haircut, he looked ex-military. Except for the black tennis shoes. One donor was a corrections officer in uniform, wearing the same green pants. The corrections officer got into a Ford pickup truck with a U.S. Marines emblem on the Florida tag.

Most read the big sign on the flag-decorated card table: **"Veterans Support Organization."** What they should have read was the small type on his flag-decorated name tag: "NOT A VETERAN." "They just start giving their money out," said Gene Brown, first vice commander the American Legion Post in Sebring. "I'm proud of Highlands County for doing that, but it's not going to be used here." That's despite what the sign said: "Money raised helps local veterans." The man wouldn't give his name, but he said higher-ups at the VSO would choose a local charity later. How much will go to Highlands County? He couldn't say, but page after page in the notebook on the table described the VSO or copied news reports or letters from the attorney general. One says 78 percent goes to the VSO itself. "Are you a veteran?" Denise Williams demanded to know Friday. "I never said I was," the man said, and then he pointed out his name tag. "I've been in combat. Twice," said Williams, an Army sergeant who has served two Middle East tours. "Where is your organization from?" She is the official veterans service officer for Highlands County.

According to Florida Attorney General Pam Bondi, VSO is a Rhode Island non-profit with its principal place of business at 4245 SW High Meadows Ave., Palm City. Two Publix managers came outside. Unaware of who the man was and who Williams was, they assured her that VSO had cleared the man to be there and set up a table on Friday and Saturday. WPTV, the NBC channel 5 in West Palm Beach, reported on July 2, 2015 that Richard VanHouten admitted while some of the money VSO collects goes to veteran grants, most of the millions pay for his own veteran's work program, which puts veterans on the streets to collect money for his charity. "Why give the work to other professional for-profit companies?" he told the TV station. "Give it to the local veteran..." Charitywatch.org didn't buy that. "What are you doing to help veterans, putting them on the streets to beg?" asked Daniel Borochoff.

Others say VSO does good. A May 2012 post on courtantblogs.com said, "Richard Bittleman, my dad ... worked for VSO as a substance abuse relapse prevention specialist for about 14 months. While at VSO, he and Ms. Giron build a 8,500 sq. ft. center in NY and were running programs there that changed the lives of homeless veterans. One veteran even was about to kill himself when he got a call from America Works sending him to VSO. He told his story at the grand opening and everyone was in tears. It was filmed." Williams pointed Friday to the sign on the card table at Publix. "We want to know if the money will go to help local veterans, that's what we want to know." A Google search turned up dozens of stories about VSO.

- On Dec. 17, 2012, the Associated Press reported VSO, "a charity already under scrutiny for how it raised hundreds of thousands of dollars in Tennessee, handed out only a fraction of the money in the form of gift cards, and threatened to fire workers if they didn't meet fundraising quotas."
- On Feb. 28, 2014, FOX 4 tracked "the VSO across the country and found South Carolina kicked out the charity, Connecticut suspended the VSO after members of Congress complained to the Federal Trade On June 22, 2015, ABC Local 10 News published an article titled, "Veteran questions legitimacy of fundraiser claiming to be veteran"
- On July 8, 2015, WPTV published an article titled, "Veteran records run in with veterans charity under nationwide scrutiny: Veterans Support Organization under investigation"
- On July 10, 2015, WPBF News posted a video titled, "Bad reputation follows veteran charity"
- On November 18, 2015, myStatesman.com published an article titled, "Veterans Support Organization shut down by Texas attorney general."Commission ... Florida slapped the company with a fine for hiring felons and misleading the public, and North Carolina is now investigating."

In Florida, Attorney General Pam Bondi has an online file: “Beginning at least November 2005 through the (Aug. 11, 2015), respondents have engaged in the business of soliciting donations from consumers in Florida and elsewhere in order to provide financial support and work programs for financially distressed and/or homeless veterans.” The attorney general “has investigated allegations that, when promoting its organization and soliciting donations from the general public, respondents have misrepresented the amount and type of financial and non-monetary support that it provides to veterans. Respondents deny these allegations.”

Charity Navigator, www.charitynavigator.org, an impartial evaluator of publicly reported financial information, listed several reputable charitable organizations, included the Honor Flight Network, the Wounded Warrior Project and Disabled American Veterans. “Seventy-eight percent,” Brown repeated in a telephone conversation Saturday morning. That’s how much will go to VSO. He and two other members of local veterans organizations planned to meet at Publix on Saturday morning (27 AUG). “We’re going to see what this guy is all about. We’re going to be dressed up in uniform.” But the man and the card table were gone.

Charity Navigator, as an impartial evaluator of publicly reported financial information, takes no position on allegations made or issues raised by third parties, nor does Charity Navigator seek to confirm or verify the accuracy of allegations made or the merits of issues raised by third parties that may be referred to in the Donor Advisory. Charity Navigator, as an impartial evaluator of publicly reported financial information, takes no position on allegations made or issues raised by third parties, nor does Charity Navigator seek to confirm or verify the accuracy of allegations made or the merits of issues raised by third parties that may be referred to in the Donor Advisory. [Source: Task & Purpose | Gary Pinnell | August 28, 2016 ++]

Vet Appeals Legislation

H.R.5260

VA convened a workgroup in March consisting of DAV, other stakeholders and VA officials in order to seek common ground on a new framework for appeals. After months of intensive efforts, the workgroup was able to reach consensus on a framework of a new appeals system that could offer veterans quicker decisions, while protecting their rights and prerogatives. The number of appeals awaiting decisions has risen dramatically – to almost 450,000 – and the average time for an appeal decision is between three and five years, a delay that is simply unacceptable.

Before Congress took recess in July, Chairman of the House Committee on Veterans’ Affairs, Congressman Jeff Miller of Florida, introduced H.R.5620, the “VA Accountability First and Appeals Modernization Act of 2016” to the Committee. This legislation could significantly improve the ability of veterans to receive more timely and accurate decisions on their claims and appeals for earned benefits. H.R. 5620, which contains the new appeals framework, would make fundamental changes to the appeals process by creating multiple options to appeal or reconsider claims’ decisions, either formally to the Board or informally within the Veterans Benefits Administration. The central feature of the legislation would provide veterans three options, or “lanes,” to appeal unfavorable claims decisions; and if they were not satisfied with their decisions, they could continue to pursue one of the other two options.

- As long as a veteran continuously pursues a new appeals option within one year of the last decision, they would be able to preserve their earliest effective date.
- This legislation also allows veterans to present new evidence and
- This legislation also allows veterans to have a hearing before the Board or VBA if they so desire.

“If faithfully implemented as designed by the workgroup, and if fully funded by Congress and VA in the years ahead, H.R.5620 would make a marked improvement in the ability of veterans to get timely and accurate decisions on appeals of their claims,” said DAV Washington Headquarters Executive Director Garry Augustine. “We urge the House to swiftly approve this legislation and then work with the Senate to reach agreement on final legislation that can be sent to the President to sign this year.” [Source: NCOA Advocate | Mary Dever | August 24, 2016 ++]

TRICARE Transgender Treatment

Options Now Covered

The U.S. military's Tricare health care system now covers transgender military family members and retirees, despite the official policy not yet going live, a top official said. "I'm not going to wait for the final policy," Navy Vice Adm. Raquel Bono, head of the Defense Health Agency, said in a wide-ranging interview with Military.com on 18 AUG at Joint Base Elmendorf-Richardson. "We're going to go ahead and do that because that's what our patients need," she said. The policy, published for public comment in the Federal Register in February, will allow for hormone therapy and mental health counseling for "gender dysphoria," the clinical term for those who identify as a different gender than the sex they were assigned at birth. Tricare is prohibited by law from covering sex-change surgery.

A ban on openly serving transgender troops was lifted by Defense Department officials in June. By 1 OCT officials will issue a handbook for commanders and all those affected by the new policy, as well as medical guidance for providing transition care to transgender troops. As part of the new policy, military medical facilities will provide hormone treatment, counseling and sex-change surgery when deemed "medically necessary." Bono said Tricare's official policy should go live by 1 OCT "DHA and the Tricare plan have been working hand in glove with the services so that we're able to roll this out in the same time frame," Bono said. "We'll be lock-step with what the services are doing. There should not be any lag; the whole goal is that we're going to make this as seamless as we can."

In the meantime, Bono said, Tricare is working with its regional contractors to grant approval for transgender treatment that will be covered under the new policy. If the contractor will not approve it, the admiral said she will do so herself. "What I'm trying to do right now is give that approval level to the contractors, and if that's still not in place, then it comes up to me and I wave it," she said. "I don't think we need to wait for the actual policy to be signed and wait for the ink to be dried. It's something we can do." Advocates with the American Military Partner Association, which supports gay and transgender military families, said that families deserve care, regardless of their medical needs. "All service members and their family members, including those who happen to be transgender, deserve access to quality medical care -- care they have earned serving our nation," said Ashley Broadway, AMPA's president. "We look forward to reviewing the new regulations and hope they provide the full range of appropriate and medically necessary care." [Source: Military.com | Amy Bushatz | Aug 21, 2016 ++]

PTSD Marijuana Treatment

Army Surgeon General Skeptical

Lt. Gen. Nadja Y. West, the Army Surgeon General, on 18 AUG was wary of endorsing the first trials approved by the government for using marijuana to treat veterans suffering from post-traumatic stress disorder, or PTSD. West noted she was an Army officer and the military still considers marijuana an illegal substance despite growing public support for its decriminalization. If service members test positive for marijuana, they can be subject to a "wide range of actions," she said. In addition, research has found "that using marijuana has a lot of adverse health effects," West said at a breakfast with defense reporters.

Marijuana "is more dangerous, with some of the carcinogens that are in it, than tobacco," West said. "The impact that it has long-term on certain areas of the brain, especially young people developing, that's been proven -- irreversible damage to the hippocampus and things like that that can really have impacts on individuals long-term," she said. However, the surgeon general, who succeeded Lt. Gen. Patricia Horoho in the position last December, said she would look at the results of the government-approved trials of marijuana for PTSD treatment "so long as it's evidence-based." She said some chemical components of marijuana short of a full dose might prove useful in treating PTSD. "I'm for looking at that," she said. "We're looking at all modalities," but "I don't know if we need to have the full spectrum of what's in marijuana as it's typically administered -- if that's necessary," she said.

"We should always, at least, have an open mind to look at things in an evidence-based way for something that could be useful for our soldiers," West said. Currently, the various therapies available in the military have proven to be about 80 percent effective in easing the symptoms of PTSD, she said. In April, the Drug Enforcement Administration and the Food

and Drug Administration, approved the first-ever clinical trials backed by the government of marijuana as a treatment for PTSD in veterans. The trials were expected to begin next month with combat veteran volunteers at Johns Hopkins University in Baltimore and at the Scottsdale Research Institute in Phoenix. In June, Quinnipiac University reported that 87 percent of 1,561 voters polled nationwide supported giving veterans marijuana for PTSD. [Source: Military.com | Richard Sisk | August 19, 2016 ++]